

**City of Northampton
REQUEST FOR LEAVE**

Employee Name: _____ Date of Request: _____

Department: _____ Position: _____

I request Family Medical Leave for the following reason:

- ☐ For the birth and care of my newborn child, OR
- ☐ Because of a child placed in my home by adoption or foster care, OR
- ☐ To care for an immediate family member (spouse, child, or parent) with a serious health condition, OR;
- ☐ Because I am unable to work due to my own serious health condition, OR
- ☐ Due to a Qualifying Exigency, OR
- ☐ To care for a service member with a serious health condition.

I am requesting that my leave begin on: _____ and continue for _____.
Date Period of time

I understand that if I am requesting leave for a medical issue that I must provide a medical certification:

- ☐ Provided with this request
- ☐ Will provide by _____
(As soon as possible, or within fifteen (15) days from date of request)

I understand that my group health insurance will continue for the duration of any qualified FMLA eligible leave and that I must continue to pay my regular contribution. I also understand that if I am taking leave for a non-medical reason and/or I go into an unpaid status, that I will need to pay the full cost of my health insurance unless/until I am able to return to benefits eligible employment. Please continue to deduct my contribution from any payroll checks I receive while on leave. If I should begin a period of no-pay status during my approved leave, I agree to pay the Human Resource office directly for my share of the health insurance premium on a monthly basis. I understand that if I do not pay my portion of the health insurance premium that my coverage may lapse, however, if I return to work in a benefits-eligible position at the end of the approved leave, I may re-enroll in the group health insurance.

Employee Signature

Date

DEPARTMENT HEAD:

☐ Approved ☐ Not Approved

☐ Paid ☐ Unpaid

Department Head

Date

HUMAN RESOURCES:

Designation of Leave Request:

☐ FMLA ☐ Non-FMLA

Signature Human Resource Specialist

Date

cc: Employee
Dept. Head

Revised 3/09/09